

Foster Family Home - Corrective Action Report

Provider ID: 1-190049

Home Name: Mary S. Corpuz, NA

Review ID: 1-190049-1

94-719 Kalae Street

Reviewer: Lisa Johnson

Waipahu

HI 96797

Begin Date: 6/6/2019

Foster Family Home

Required Certificate

[11-800-6]

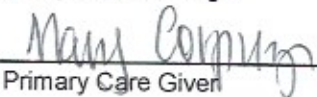
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

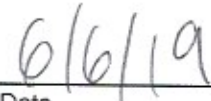
6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 6/6/19. Home is in compliance with all requirements



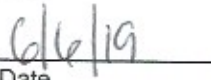
Compliance Manager



Primary Care Given



Date



Date